



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **1280.00**

Complete if Known

Application Number	08/991628
Filing Date	November 5, 1997
First Named Inventor	Jack L. Strominger
Examiner Name	M. N. Dibrino
Art Unit	1644
Attorney Docket No.	HUIP-P02-001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **18-1945**

Deposit Account Name **Ropes & Gray LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$) 1280.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims	** =	
Independent Claims	** =	
Multiple Dependent		

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee (\$)	
1202	18	2202 9	Claims in excess of 20
1201	86	2201 43	Independent claims in excess of 3
1203	290	2203 145	Multiple dependent claim, if not paid
1204	86	2204 43	** Reissue independent claims over original patent
1205	18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)** **0.00**

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Yu Lu, Ph.D.	Registration No. (Attorney/Agent)	50,306	Telephone	(617) 951-7268
Signature				Date	September 17, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **September 17, 2004** Signature: (Jodi Lee Mullins)